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| <b>Issue Classification</b><br> | <b>Application/Control No.</b><br>10820497 | <b>Applicant(s)/Patent Under Reexamination</b><br>RAUT ET AL. |
|   | <b>Examiner</b><br>ALBERT T CHOU           | <b>Art Unit</b><br>2416                                       |

| ORIGINAL           |                                   |  |          |  |  | INTERNATIONAL CLASSIFICATION |   |   |   |                      |             |  |  |  |  |  |  |  |
|--------------------|-----------------------------------|--|----------|--|--|------------------------------|---|---|---|----------------------|-------------|--|--|--|--|--|--|--|
| CLASS              |                                   |  | SUBCLASS |  |  | CLAIMED                      |   |   |   |                      | NON-CLAIMED |  |  |  |  |  |  |  |
| 370                |                                   |  | 412      |  |  | H                            | 0 | 4 | L | 12 / 56 (2006.01.01) |             |  |  |  |  |  |  |  |
| CROSS REFERENCE(S) |                                   |  |          |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |  |          |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
| CLASS              | SUBCLASS (ONE SUBCLASS PER BLOCK) |  |          |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
| 370                | 401                               |  |          |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |  |          |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |  |          |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |  |          |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |  |          |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |  |          |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |  |          |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |  |          |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |  |          |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |  |          |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |  |          |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |  |          |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |  |          |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |  |          |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |  |          |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |  |          |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |  |          |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |  |          |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |  |          |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |

| <input checked="" type="checkbox"/> Claims renumbered in the same order as presented by applicant <input type="checkbox"/> CPA <input type="checkbox"/> T.D. <input type="checkbox"/> R.1.47 |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|--|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|
| Final  | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
| 1  | 1        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 2        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 2  | 3        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 3  | 4        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 5        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 4  | 6        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 7        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 5  | 8        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 6  | 9        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 10       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 7  | 11       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 12       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 8  | 13       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 9  | 14       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|  | 15       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |

|   |                      |                              |                   |
|---|----------------------|------------------------------|-------------------|
|   |                      | <b>Total Claims Allowed:</b> |                   |
|   |                      | 9                            |                   |
| (Assistant Examiner)<br>/ALBERT T CHOU/<br>Examiner.Art Unit 2416 | (Date)<br>07/21/2009 | O.G. Print Claim(s)          | O.G. Print Figure |
| (Primary Examiner)  | (Date)               | 1                            | 3                 |